CITY OF ALLENTOWN BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION 435 HAMILTON STREET -RM 428 or 4TH FLOOR ALLENTOWN, PENNSYLVANIA 18101-1699 (610) 437-7591

<u>Deadline: Friday, MARCH 27, 2015</u> <u>Exam: Tuesday, MAY 12, 2015</u>

APPLICATION - MASTER PLUMBER LICENSE TEST - \$85.00

Applications must be filed at least forty-five (45) days prior to date of examinations as hereinafter provided. P125.1

QUALIFICATIONS - REQUIREMENTS

Every applicant for a Master Plumber License shall be over the age of twenty-one (21) years. At the time of application, every applicant for a Master Plumber License shall be a least four (4) years of practical experience on the installation of drainage, waste, vent and water systems with a Registered Master Plumber or its equivalent. In addition, every applicant for a Master Plumbers License shall have at least one (1) year experience as a Journeyman Plumber with a Registered Master Plumber or its equivalent. ORDINANCE #14190 PASSED 06/04/04.

*****IMPORTANT*****

The applicant shall obtain the signature(s), and address(es) and telephone number(s) of the Registered Master Plumber(s) or its equivalent with whom the applicant as a Registered Journeyman has had at least one (1) year of practical experience in the installation of drainage, waste, and vent and water system.

PLEASE PRINT OR TYPE CLEARLY AND COMPLETELY FILLED OUT:

has been employed at the installation of drainage, waste, vent and water systems from

I, the undersigned, attest that the applicant: _

****If additional space is needed please attach a sheet to the application*****

DATE:	TO DATE:	BY:
NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMPLOYER'S SIGNATURE:	****************
	d, attest that the applicant: the installation of drainage, waste, vent and water system	has from
DATE:	TO DATE:	BY:
NAME:		
COMPANY:		
ADDRESS:		
	STATE:	
PHONE:	EMPLOYER'S SIGNATURE:	**********
I,knowledge and be	, hereby declare that the foregoin elief:	g statements are true to the best of my
DATE:	APPLICANT'S SIGNATURE:	_
NOTARY PUBLI	IC SEAL	
DATE:	NOTARY SIGNATURE:	
ORDINANCE #1	ents contained in this application shall be in direct violation 4190 - PASSED 06/04/04 as amended, governing the licenthe City Of Allentown.	

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PLEASE READ THIS INFORMATION BEFORE COMPLETING YOUR APPLICATION.

You MUST have your employer that holds the Master Plumber License signed and a copy of his or her Master Plumber License MUST be submitted with this application.

If your employer will not sign and will not give you a copy of his or her Master Plumber License you MUST submit copies of your W2.

If you should have any questions, please call (610) 437-7591 or (610) 437-7592

PLEASE READ THIS INFORMATION BEFORE CONTINUING YOUR APPLICATION.

YOUR APPLICATION MUST BE FILLED OUT COMPLETELY AND CORRECTLY BEFORE IT WILL BE PROCESSED.

IF YOUR APPLICATION IS REJECTED DUE TO INCOMPLETE OR ERRONEOUS INFORMATION, YOU WILL BE REQUIRED TO PAY THE APPLICATION FEE AGAIN.

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